

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

FEB 19 2018

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	18-0504
Date:	18-18-18
Amount Paid:	\$500 12-12-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input checked="" type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: HALVORSON PROPERTIES LLC				Mailing Address: 36240 CTY HWY J.				City/State/Zip: BAYFIELD, WI 54814				Telephone: (715) 742-3402			
Address of Property: 88515 SUPERIOR AVE.				City/State/Zip: CORNUCOPIA, WI 54827				Cell Phone: (715) 442-9898 (715) 209-0151				Plumber Phone:			
Contractor: HALVORSON PROPERTIES LLC				Contractor Phone: (715) 742-3402				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement) 8140						Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2015 R- 558388					
SE 1/4, NE 1/4		Gov't Lot 3		Lot(s) 1		CSM 1996 V.U P385		Vol & Page 7-9		Block(s) No. 5		Subdivision:			
Section 34, Township 51 N, Range 6 W						Town of: BELL						Lot Size (10654 ft ²) 75' x 142' Acreage 0.240			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 200,000.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 127'	Width: 65'	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(65' x 127')	8255 ft ²
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/>	with Loft	(X)	
	<input type="checkbox"/>	with a Porch	(X)	
	<input type="checkbox"/>	with (2 nd) Porch	(X)	
	<input type="checkbox"/>	with a Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/>	with (2 nd) Deck	(X)	
	<input type="checkbox"/>	with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Conditional Use: (explain) PROCESSING, SMOKE/CURE, STORAGE OF FISH	(65' x 127')	8255 ft ²
<input type="checkbox"/>	Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark M Johnson MANAGING member
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 2/14/18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

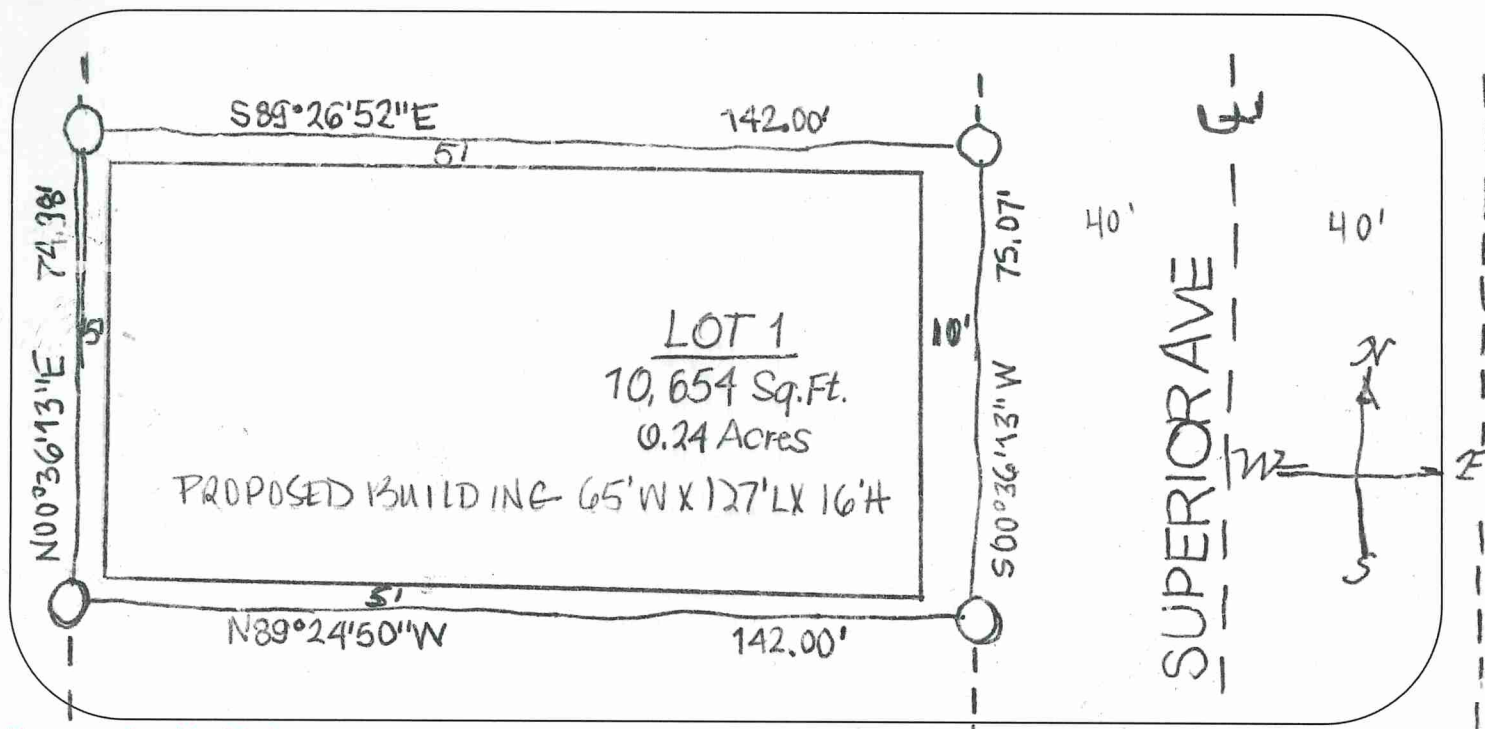
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Use box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	50 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	10 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	5 Feet		
Setback from the South Lot Line	5 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	5 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line (ROAD)	10 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	NOT PRIULLED YET
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>City Sewer</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>18-0504</u>		Permit Date: <u>12-18-18</u>		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #: <u>NA</u>		Case #: <u>NA</u>		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Existing Lots in Platted Village of Cornucopia. Developable per Section 13-1-26 (a)(1). Owners representation of Project location is Code compliant.</u>				Zoning District (<u>C</u>)
Date of Inspection: <u>3/2/2018</u>				Lakes Classification (<u>-</u>)
Inspected by: <u>Robert Schirman</u>				Date of Re-Inspection:
Condition(s): <u>Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)</u>				
<u>Per Conditions of Planning and Zoning Committee Approval. Must Secure Commercial Building Permit if Required by state Statute.</u>				
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>12/10/18</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> <u>OK</u>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Committee Approval</u>

town, City, Village, State or Federal
permits May Also Be Required

LAND USE – **X**
SANITARY – **City**
SIGN –
SPECIAL –
CONDITIONAL – **X** (ZC Mtg: 4/19/2018)
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0504** Issued To: **Halvorson Properties LLC / Mark Halvorson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **34** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot Subdivision **Village of Cornucopia** CSM# **1996**
Lot **1** Block

For: **Commercial Principal Structure: [1.5 - Story, Fish Processing / Storage / Smoke & curing Structure
(65' x 127') = 8,255 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): [1] Must follow Town sign criteria must use non-light polluting lights, downward facing. [2] Must include plans for snow/ice mitigation from roof between Ehlers store and new structure. [3] Limit of 2 smokers [4] Retail space required. [5] Delivery truck access must be in the rear of the building. [6] Delivery truck hours of operation limited to 7am to 10pm daily. [7] Must secure Commercial building permit if required by State statute.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

December 18, 2018

Date